

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1289

1. PLACE OF DEATH

County Johnson
Township 2nd
City Lebanon (No. General Hospital #2)

Registration District No. 399
Primary Registration District No. 101

File No. 281
Registered No. 281
St. Ward

2. FULL NAME

(a) Residence. No. 1600 Euclid St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) Walden
(STATE OR COUNTRY) Ark.

10. NAME OF FATHER W. C. Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Walden
(STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Miss Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Walden
(STATE OR COUNTRY) Ark.

14. INFORMANT Grand Child
(Address) Gen. Hospital #2

15. FILED 21 1930 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1930 to 1930 that I last saw alive on 1930, and that death occurred, on the date stated above, at 4 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
920
1113
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) A. M. Smith, M. D.

13 1930 (Address) Gen. Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE OF BURIAL 12/14 1930

20. UNDERTAKER H. D. Moody ADDRESS 1820 E 18th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NEW RECORD

2262

